SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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MIZED INDEPENDENT EXPENDITUR	ES		FOR LINE 7 FOR FORM 5
ME OF FILER (In Full)			
IUMANE SOCIETY LEGISLATIVE FUND			
Full Name (Last, First, Middle Initial) of Payee			Date
Matt Kuzins & Kumpany			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			Amount
1512 14th Street			3163.14
City	State	Zip Code	0100.14
Sacramento	CA	95814-5958	
Purpose of Expenditure Direct Mail		Category/	Office Sought: X House State: PA
		Турс	House Senate District: 10
Name of Federal Candidate Supported or Oppose Donald L. Sherwood	ed by Expenditure	:	President
Donaid E. Sherwood			Check One: Support X Oppose
Calendar Year-To-Date Per Election	Disbursement For: Primary X General		
for Office Sought 3240.74		Other (specify)	
Full Name (Last, First, Middle Initial) of Payee			Date
Susan Washington			
Mailing Address			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
10609 Democracy Lane			Amount
City	State	Zip Code	2.59
Potomac	MD	20854	
Purpose of Expenditure		Category/	Office Sought: X House State: PA
Staff Time		Type 001	House
Name of Federal Candidate Supported or Oppose	ed by Expenditure	:	President District: 10
Donald L. Sherwood			Check One: Support X Oppose
Calendar Year-To-Date Per Election		Disbursement For: Primary X General	
for Office Sought		3243.33	2006 — July 2006 — Other (specify)
Full Name (Last, First, Middle Initial) of Payee			Date
Sara Amundson			
Mailing Address			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1627 A Street, NE			Amount
City	State	Zip Code	571.57
Washington	DC	20002	
Purpose of Expenditure		Category/	Office Sought: X House State: PA
Travel		Type 002	House Senate
Name of Federal Candidate Supported or Oppose	ed by Expenditure	! :	President District: 10
Donald L. Sherwood			Check One: Support X Oppose
			Disbursement For: Primary X General
Calendar Year-To-Date Per Election for Office Sought		3814.90	2006 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			
a, 352.31.125. Romizou mapondon Expondituros			
(b) SUBTOTALof Unitemized Independent Expenditures			
·			
(c) TOTAL Independent Expenditures			

(carry total from last page forward to Line 7)